

BLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_  
Bu. Vou. No. 2378

U. S. COST REIMBURSABLE  
(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. \_\_\_\_\_

To \_\_\_\_\_  
(Payee)

PAID BY

*Encl # 1*

*DDP-1226-59*

COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$227.	84

PAYMENT:

Complete ☐  
Partial ☐  
Final ☐

Use continuation sheet(s) if necessary

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_ Total \$227.84

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences \_\_\_\_\_

Date 2-2-59 \*Payee \_\_\_\_\_  
(Sign original only)

Amount verified; correct for \$227.84

(Signature or initials) *EE*

Contract No. 11-701 Date \_\_\_\_\_ Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

† \_\_\_\_\_  
(Authorized Certifying Officer)

By \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ (on Treasurer of the United States in favor of payee named above.)  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_ Payee \_\_\_\_\_  
(Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given, as in the following examples: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Title \_\_\_\_\_

STATOTHR

THE RAMO-WOOLDRIDGE CORPORATION  
FORM STL - 680

# ACCOUNTS PAYABLE

WEEKLY DET DISTR DATE

1/18/59

No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			Work Order	NET AMOUNT
	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.I.O.	S.O.		
16	01	12	9	1886	602		01	14	214				1	50	25	00	00	12501	5065	21		8912*
																						8912**
																						8912***
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